



CUSTOM MEAT PROCESSOR LICENSE APPLICATION

July 1, 2010 - June 30, 2011

(Title 35, Article 33, C.R.S.)

Department Use Only

Approved by _____
License # _____

ICS/ Meat Program

Attn: Cashier

700 Kipling St., Ste. 4000

Lakewood, CO 80215-8000

(303) 477-0293

meat@ag.state.co.us

DIRECTIONS

- n Select your appropriate fee.
- n Make necessary changes to your information, sign and date this form.
- n Mail completed form and payment (payable to Colo. Dept. Agriculture) to the address at the left. Late fee due if **RENEWAL** postmarked after June 30.
- n Incomplete applications will be returned.

☐ Renewal

☐ New Firm

☐ New Ownership

FEE SCHEDULE (A) (check one only)

- | | | |
|--|------------------|----|
| <input type="checkbox"/> Custom Processor of domestic livestock (may also process wild game) | \$300 (Code 434) | \$ |
| <input type="checkbox"/> Custom Processor of wild game only | \$250 (Code 438) | \$ |
| <input type="checkbox"/> Livestock Mobile Slaughter Unit only..... | \$250 (Code 436) | \$ |
| <input type="checkbox"/> USDA Official Plant (if also doing custom processing)..... | \$ 50 (Code 435) | \$ |
- USDA Establishment # _____

LATE FEE (B) (if renewal postmarked after June 30)

\$ 50 (Code 447) \$

TOTAL FEE (A+B)

\$

APPLICANT INFORMATION

1. Firm Name: _____ (CDA ID#)

Corporate Name: _____
(if different)

2. Street Address of Business: _____
(Street Address)

(City) (State) (Zip Code) (County)

3. Mailing Address (if different): _____
(Address)

(City) (State) (Zip Code)

4. Email Address: _____ 5. Phone Number: _____

6. Check One: Firm is a ☐ Sole (or Individual) Ownership* ☐ Corporation
☐ Other _____

* If you are operating as a sole (or individual) ownership, you must submit the "Citizenship/Immigration Status Verification Form," with your application and payment.

7. Does Firm slaughter animals? ☐ Yes ☐ No

8. Answer this question only if different from above: List person(s) authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado. (Name and complete address)

Name _____ Address _____

9. By _____ Title _____ Dated _____
Authorized Signature (REQUIRED)

☐ I would be interested in receiving my renewal application and other information electronically at the email address provided above.